



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: MingJai SU et al.

Serial No.: 10/817,641

Filed: April 2, 2002

Title: APORPHINE AND OXOAPORPHINE COMPOUNDS AND  
PHARMACEUTICAL USE THEREOF

Art Unit: 1625

Examiner: Amelia A. Owens

Confirmation No.: 6152

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

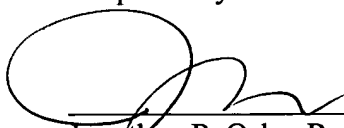
**REPLY UNDER 37 CFR § 1.111**

In response to the Restriction Requirement dated July 28, 2004, Applicants elect Invention I, on which claims 1, 4, 7, 9, 12, and 15 read, without traverse for continued prosecution. Non-elected claims will be canceled, without prejudice or disclaimer, in due course.

Applicant believes this reply is fully responsive to all outstanding issues and places this application in condition for allowance. If this belief is incorrect, or other issues arise, the Examiner is encouraged to contact the undersigned or his associates at the telephone number listed below. Please apply any charges not covered, or any credits, to Deposit Account 50-0591 (Reference Number 10112.005001).

Respectfully submitted,

Date: 8/3/04

  
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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 10112/005001	
Application No. 10/817,641-Conf. #6152	Filing Date April 2, 2004	Examiner Amelia A. Owens	Art Unit 1625		
Applicant(s): Mingjai Su et al.					
Invention: APORPHINE AND OXOAPORPHINE COMPOUND AND PHARMACEUTICAL USE THEREOF					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	16	- 20 =		x	0.00
<b>Independent Claims</b>	8	- 8 =		x	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Jonathan P. Osha Attorney Reg. No.: 33,986  OSHA & MAY L.L.P. 1221 McKinney St., Suite 2800 Houston, Texas 77010 (713) 228-8600				Dated: <u>August 30, 2004</u>	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 526068145 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.					
Dated: August 30, 2004		Signature:  (Lisa H. Smith)			